

INSTRUCTIONS for Completion of the Risk Management Evaluation Rating Form 10-628

Completing the header information:

Park – Enter the full name of the Park or the for letter park acronym.

Concessioner Name - Enter the Concessioner Name as entered on the Concession Contract.

Concessioner DBA - Enter the Name the Concessioner is Doing Business As (DBA) as entered on the Concession Contract.

Contract No (CC-PARK###-YY) - Enter the Contract Number as entered on the Concession Contract. The format should be as follows: two digit agreement abbreviation (CC/TC/CP, etc) – CONCID (or four letter park abbreviation and Concessioner id number) - two digit year abbreviation corresponding to the Concession Contract effective date (e.g., 2007 would be 07).

Completing the table information:

The risk management evaluation form contains probable elements of a Concessioner's Risk Management Plan (A-H in form below), each having specific standards (1-24 in form below). Each standard has an identified letter (A), (B), or (C) which signifies the weight of that standard.

- (A) First Priority deficiencies. Conditions or practices which have the potential for or exert a significant impairment to the health or safety of visitors and/or employees.
- (B) Second Priority deficiencies. Conditions or practices which have the potential or exert a moderate impairment to the services essential to the health or safety of visitors and/or employees.
- (C) Third Priority deficiencies. Conditions or practices which have a potential for or exert a minor impairment to the services essential to the health or safety of visitors and/or employees.

The NPS evaluator will identify which standards are included in the Concessioner's risk management program and evaluate against these items.

The evaluator will review the Concessioners Risk Management Plan and determine if any meaningful deficiencies exist. A "meaningful" deficiency is one that is important enough to impair a Concessioner's ability to provide a safe and healthful environment, services or facilities for visitors and/or employees. Elements that are found to have meaningful deficiencies should receive a mark in the 'N' box on the form below; elements that are not required within the Concessioner's risk management program should be left blank. All deficiencies require an explanation in appropriate detail in the narrative section of the form. A continuation sheet should be used if necessary.

Once the table below has been completed, the total number of A's, B's, and C's should be calculated and entered in the space provided at the bottom of the form. This is done by adding the number of 'N' checked boxes for each A, B, and C standard. Regardless of the number of time a given standard is found deficient, it should be checked and counted only once. Ratings are determined by the number of A, B, or C standards found deficient, not by the number of occurrences under a specific standard.

Upon completing the annual evaluation, the NPS will analyze the data and assign a numerical rating based on the rating criteria set forth below. In order to provide flexibility in documenting deficiencies in an appropriate manner, the evaluator has discretion in assigning ratings to adjust the rating by one point. This will allow the evaluator to assess the seriousness of the situation at hand and either raise or lower the numeric rating by one point. The justification for adjusting the rating must be fully documented on the evaluation form.

Numerical Rating

SATISFACTORY

- 5 Always meets standards. No First Priority (A) or Second Priority (B) deficiencies exist. Very few, if any, third priority (C) deficiencies exist. Consistently provides outstanding visitor facilities and services.
- 4 Almost always meets standards. No First Priority deficiencies (A) exist. Second Priority (B) and Minor third priority (C) deficiencies may exist.
- 3 Usually meets standards. A few deficiencies of a First Priority (A) nature exist. Second priority (B) and third priority (C) deficiencies may exist.

UNSATISFACTORY

- 2 Many Major (A&B) and other deficiencies exist. Generally does not meet standards.
- 1 Fails to meet 2nd level rating criteria. Overall performance is totally inadequate.

**UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
CONCESSION PROGRAM
RISK MANAGEMENT EVALUATION**

Form 10-628 (Rev. 03/10)

Park	
Concessioner Name	
Concessioner DBA	
Contract No (CC-PARK###-YY)	
Service Type(s)	
Year of Operation	
Contract Term Effective Date	
Contract Term Expiration Date	

<u>Item No.</u>	<u>Element/Deficiency</u>		<u>Y</u>	<u>N</u>	<u>N/A</u>
A.	DOCUMENTED PROGRAM				
1	Policy written and available to staff	(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Safety and health official designated	(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Management and staff held accountable for compliance	(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Sufficient funds/resources have been allocated to support program	(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Annual Goals and Objectives have been established	(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Program administration requirements have been followed	(C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	INSPECTIONS				
7	Inspection schedule has been developed	(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Inspections are conducted as scheduled or required and are documented	(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Inspections conducted by person(s) trained and capable of recognizing/ evaluating hazards	(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Inspection records kept for a minimum of three years	(C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	DEFICIENCY CLASSIFICATION AND HAZARD ABATEMENT SCHEDULES				
11	"Imminent danger" deficiencies abated or plans developed within time limits	(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	"Serious hazard" deficiencies abated or action plans developed within time limits	(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	"Non-serious hazard" deficiencies abated or action plans developed within time limits	(C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	ACCIDENT REPORTING AND INVESTIGATION				
14	Documented plan for reporting and investigating employee and visitor accidents/incidents	(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	All reportable accidents are being reported to NPS	(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	PUBLIC SAFETY AWARENESS AND PROMOTION				
16	Communication of activity-related hazards occurs	(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Communication of resource-related hazards occurs	(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	TRAINING				
18	Training planned and accomplished for Supervisors	(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Training planned and accomplished for safety and health official(s)	(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Training planned and accomplished for employees	(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	EMERGENCY PROCEDURES				

[illegible]

Narrative: